

State of Connecticut

2023 Reportable Disease Confidential Case Report Form PD-23

Revised, 01/01/2023

CT Department of Public Health (DPH)

410 Capitol Avenue, MS#11FDS P.O. Box 340308 Hartford, CT 06134-0308

Instructions for Submitting the PD-23: The Commissioner of the Department of Public Health (DPH) is required to declare an annual list of Reportable Diseases, Emergency Illnesses and Health Conditions, which has two parts: (A) reportable diseases and (B) reportable emergency illnesses and conditions as required under Sections 19a-36-A3 and 19a-36-A4 (see back of form) of the Public Health Code and Sections 19a-2a and 19a-215 of the Connecticut General Statutes.

The PD-23 is the general disease reporting form and should be used if other specialized forms are not available. PD-23 forms may either be faxed to 860-920-3131 or submitted by hospital IPs directly into CTEDSS (where applicable). Copies must also be sent to the Director of Health of the city or town where the patient lives and kept in the patient's medical record. A fillable PDF of the PD-23 and contact information for the Directors of Health of all cities and towns in CT are available on the DPH website. For questions about entering PD-23s directly info CTEDSS, e-mail dph.ctedss@ct.gov.

Use of Other Forms and Methods to Report:

| Epidemiology & Emerging Infections Program | 860-509-7994 | Immunization Program | 860-509-7929 |
|---|------------------|---------------------------------------|------------------|
| Hospitalized & Fatal Cases of Influenza | FAX 860-920-3131 | Chickenpox (Varicella) Report Form | FAX 860-707-1905 |
| Healthcare-Associated Infections | 860-509-7995 | Occupational Diseases | 860-509-7740 |
| Use the CDC's National Healthcare Safety Netw | ork (NHSN) | Physician's Report Form | FAX 860-730-8424 |
| HIV/AIDS | 860-509-7900 | Sexually Transmitted Diseases | 860-509-7920 |
| Adult HIV Confidential Report | FAX 860-509-8237 | STD-23 Form | FAX 860-730-8380 |
| Injury and Violence Surveillance Unit | 860-509-7805 | Tuberculosis | 860-509-7722 |
| E-cigarette or Vaping Product Use Associated | | Tuberculosis Surveillance Report Form | FAX 860-730-8271 |
| Lung Injury Case Report Form | FAX 860-706-1262 | | |

Category 1 Diseases: For diseases marked with a 🕿, report to DPH at 860-509-7994 on the day of recognition or strong suspicion. On evenings, weekends, and holidays call (860) 509-8000. A PD-23 must be submitted within 12 hours.

Category 2 Diseases: All other diseases do not require a phone call but must be reported electronically or by fax within 12 hours. A Hospital IP entering a case in CTEDSS (where applicable) satisfies the reporting requirement.

PART A: REPORTABLE DISEASES

Acquired Immunodeficiency Syndrome (1,2) Acute flaccid myelitis

- HIV infection (Acute)
- Anthrax **Babesiosis**
 - Borrelia miyamotoi disease
- **Botulism**
- Brucellosis

California group arbovirus infection

Campylobacteriosis

Candida auris

Chancroid

Chickenpox

Chickenpox-related death

Chikungunya

Chlamydia (C. trachomatis) (all sites)

Congenital Syphilis

COVID-19 (SARS-CoV-2 Coronavirus)

COVID-19 Hospitalizations

Cryptosporidiosis

Cyclosporiasis

Dengue

Diphtheria

E-cigarette or vaping product use associated

lung injury (EVALI) Eastern equine encephalitis virus infection

Ehrlichia chaffeensis infection

Escherichia coli O157:H7 infection

Gonorrhea

Group A Streptococcal disease, invasive (3) Group B Streptococcal disease, invasive (3)

Haemophilus influenzae disease, invasive (3)

Hansen's disease (Leprosy)

Healthcare-associated infections (4)

Hemolytic-uremic syndrome (5)

Hepatitis A Hepatitis B

- acute infection (2)
- HBsAg positive pregnant women

Hepatitis C

- acute infection (2)
- perinatal infection
- positive rapid antibody test result

HIV-1/HIV-2 infection in: (1)

- persons with active tuberculosis disease
- persons with latent tuberculosis infection (history or tuberculin skin test >5mm induration by Mantoux technique)
- persons of any age
- pregnant women

HPV: biopsy proven CIN 2, CIN 3, or AIS or their equivalent (1)

Influenza-associated death (6)

Influenza-associated hospitalization (6)

Legionellosis

Listeriosis

Lyme disease

Malaria

Measles

- Melioidosis
- Meningococcal disease

Mercury poisoning

Mpox disease

Multisystem inflammatory syndrome in children Mumps

Neonatal bacterial sepsis (7)

Occupational asthma

Outbreaks:

- foodborne (involving ≥ 2 persons)
- institutional
- unusual disease or illness (8)

Pertussis

Plague

Pneumococcal disease, invasive (3)

Poliomyelitis

Powassan virus infection

- Q fever
- Rabies
- Ricin poisoning

Rocky Mountain spotted fever

Rubella (including congenital)

Salmonellosis

- Severe Acute Respiratory Syndrome (SARS) Shiga toxin-related disease (gastroenteritis) Shigellosis
 - Silicosis
- Smallpox
 - St. Louis encephalitis virus infection
- Staphylococcal enterotoxin B pulmonary poisoning
- Staphylococcus aureus disease, reduced or resistant susceptibility to vancomycin (1) Staphylococcus aureus methicillin-resistant disease, invasive, community acquired (3, 9) Staphylococcus epidermidis disease, reduced or resistant susceptibility to vancomycin (1)

Syphilis

Tetanus **Trichinosis**

Tuberculosis

Tularemia

Typhoid fever

Vaccinia disease Venezuelan equine encephalitis virus infection

- Vibrio infection (parahaemolyticus, vulnificus, other) Viral hemorrhagic fever
- West Nile virus infection
 - Yellow fever Zika virus infection

On weekdays, for information or Category 1 disease reporting call 860-509-7994. For reporting on evenings, weekends and holidays call 860-509-8000.

FOOTNOTES:

- 1. Report only to DPH.
- As described in the CDC case definition (https://ndc.services.cdc.gov/).
- Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body sites, or other normally sterile site, including muscle.
- Report HAIs according to current CMS pay-for-reporting or pay-for-performance requirements. Detailed instructions on the types of HAIs, facility types and locations and methods of reporting are available on the DPH website.
- On request from the DPH and if adequate serum is available, send serum from patients with HUS to the DPH Laboratory for antibody testing.
- Submit the Hospitalized and Fatal Cases of Influenza form as specified. For influenza Hospitalizations, Electronic Medical Record access is required.
- Clinical sepsis and blood or CSF isolate obtained from an infant ≤ 72 hours of age.
- 8. Individual cases of "significant unusual illness" are also reportable.
- Community-acquired: infection present on admission to hospital, and person has no previous hospitalizations or regular contact with the health-care setting.

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For information or weekday disease reporting, call 860-509-7994. For reporting on evenings, weekends, and holidays, call 860-509-8000. Hartford, CT 06134-0308

| Disease Name | | Patient Name (| (Last, First, MI) | | |
|---|--------------------|--------------------|---|---|----------------|
| Date of Birth | Age | Parent/Guardia | an Name (If patient | t is a minor) | |
| Address (Street, City, State, Zip | Code) | | Phone | Number | □ Cell □ Home |
| Gender □ Male □ Female | □ Intersex □ | Unknown | | | _ □ Work |
| Race (check all that apply) | White □ Black/ | African American | □ Asian □ Nat | tive Hawaiian /Other Pacific Islander | |
| , | | | | | |
| ☐ American Indian/A | liaska Native U | Otner, specify: | | □ Unknown | |
| Hispanic/Latino ☐ Yes | □ No □ | Unknown | | | |
| Primary Language ☐ English | n □ Spanish □ | Other, specify: _ | | | |
| la Dationt Drawant2 | | . Van Dur datar | | | |
| Is Patient Pregnant? □ No | unknown L | res Due date: | | | |
| Is Condition Work-Related? | □ No □ Unl | known □ Yes | List occupation: | | |
| Name & address of workplace, | school, day care o | r other facility: | | nt or Former Jail or Prison Inmate | |
| Dates from: | · | to: | | | |
| Clinical & Laboratory Informatio Onset Date Diagnos | sis Date | • | , | ata, immunization status, dates, and spec | ific comments: |
| Provider/Reporter & Hospital Inf | | men obtained, coil | lection date: | | |
| Ordering Healthcare Provider | Phone | Facility Name | | Address | |
| Person Completing Report | Phone | Report Date | Address (if differe | ent from above) | |
| Hospital/Facility Name | | City | State | Date Admitted Date Discharged | |
| ral Hepatitis | | | Anti-HCV: M | lethod: □ Rapid □ Sero | ology |
| Perinatal: | | | □ Pos □ Neg | | |
| | | | HCV confirmed by: □ RNA □ Value: Test Date: □ HCV negative antibody test within the last 12 months | | |
| | | | | | nown |
| | ate: | | Risk Factors: | ☐ IDU ☐ Non-injection street drug | |
| | ate: | | ☐ Hemodialysis | ☐ Multiple sex partners | . |
| Bilirubin Result: Test Da | | | • | ected person (household sexual) | |
| | Fest Date: | | | sion □ Incarcerated □ current □ pas | t |
| HBsAg: □ Pos □ Neg ¯ | Test Date: | | □ MSM (men wh | oo have sex with men) □ Other | |

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Health Insurance Portability and Accountability Act (HIPAA) Guidelines

Pursuant to Connecticut General Statutes (CGS) § 19a-2a and § 19a-215 and to the Regulations of Connecticut State Agencies Section 19a-36-A3 and Section 19a-36-A4, the requested information is required to be provided to the Department of Public Health (DPH)

Please note that CGS § 52-146o(b)(1) authorizes the release of these records to the Department without the patient's consent. Additionally, the federal Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) also authorize you, as a provider, to release this information without an authorization, consent, release, opportunity to object by the patient, as information (i) required by law to be disclosed [HIPAA Privacy regulation, 45 CFR § 164.512(a)] and (ii) as part of the Department's public health activities (HIPAA Privacy regulation, 45 CFR § 165.512(b)(1)(i)]. The requested information is what is minimally necessary to achieve the purpose of the disclosure, and you may rely upon this representation in releasing the requested information, pursuant to 45 CFR § 164.514(d)(3)(iii)(A) of the HIPAA Privacy regulations.

PHC Section 19a-36-A4 - Content of report and reporting of reportable diseases and laboratory findings.

Each report should include: 1) name, address and phone number of the person reporting and of the physician attending; 2) name, address, date of birth, age, sex, race/ethnicity, and occupation of person affected; and 3) the diagnosed or suspected disease, and date of onset. Reports must be submitted to DPH electronically through CTEDSS or faxed within 12 hours of recognition or strong suspicion and also faxed to the Local Director of Health of the town in which the patient lives. A copy of all reporting forms should also be kept in the patient's medical record.

PHC Section 19a-36-A3 - Persons required to report reportable diseases and laboratory findings.

- Every health care provider who treats or examines any person who has or is suspected to have a reportable
 disease shall report the case to the local director of health or other health authority within whose jurisdiction the
 patient resides and to the DPH.
- 2. If the case or suspected case of reportable disease is in a health care facility, the person in charge of such facility shall ensure that reports are made to the local director of health and DPH. The person in charge shall designate appropriate infection control or record keeping personnel for this purpose.
- 3. If the case or suspected case of reportable disease is not in a health care facility, and if a health care provider is not in attendance or is not known to have made a report within the appropriate time, such report of reportable diseases shall be made to the local director of health or other health authority within whose jurisdiction the patient lives and DPH by:
 - a. the administrator serving a public or private school or day care center attended by any person affected or apparently affected with such disease.
 - b. the person in charge of any camp;
 - c. the master or any other person in charge of any vessel lying within the jurisdiction of the state;
 - d. the master or any other person in charge of any aircraft landing within the jurisdiction of the state;
 - e. the owner or person in charge of any establishment producing, handling, or processing dairy products, other food, or non-alcoholic beverages for sale or distribution;
 - f. morticians and funeral directors.